PART B - FEE(S) TRANSMITTAL

Complete and send this form, together w...a applicable fee(s), to: Mail Mail Stop ISSL. FEE Commissioner for Patents

CLID DENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

FILING DATE

06/27/2005

SMALL ENTITY

10/29/2008

7500

23122

APPLICATION NO 10/540.785

APPLN, TYPE

RATNERPRESTIA P.O. BOX 980 VALLEY FORGE, PA 19482

P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE

Certificate of Mailing or Transmission Thereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

ATTORNEY DOCKET NO.

SHGL IO2LIS

(Depositor's num (Signatu (Date

CONFIRMATION NO

2095

DATE DUE

INSTRUCTIONS. This form should be used for measuriting the ISSUE PEE and PUBLICATION PEE (if required) Backet, it through 5 should be completed where supportant A.II in further correspondence including the Platenta advance orders and nontification of maintenance fees will be mailed to the terror correspondence address, indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address, and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Prense check the appropriate assignee category or categories (with not o	e printed on the patenty. — Individual 22 corporation of other private group carry — Government			
4a. The following fee(s) are submitted: Solution Solution Solution Solution Solution	th. Payment of Fee(s): (Please first reapply any previously paid issue fee shown ahove) ☐ A check is enclosed. ☑ Payment by credit cand. Form PTO-2038 is attached. electronically ☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overspyment, to Depósit Account Number (18—0535). (enclose a carta copy of this form).			
5. Change in Entity Status (from status indicated above)				
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	□ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).			
NOTE: The Issue Fee and Publication Eq. (if required) will not be accounterest as shown by the records of the United States Patent and Traden	pted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in tark Office.			
Authorized Signature //////////	Date Jan 15/09			
Typed or printed name Kenneth N. Nigon	Registration No. 31,549			
an application. Confidentiality is governed by 35 U.S.C. 122 and 37 C submitting the completed application form to the USPTO. Time will this form and/or suggestions for reducing this burden, should be sent to Box 1450, Alexandra, Virginia 22313-1450. DO NOT SEND FEES C Alexandra, Virginia 22315-1450.	usion is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process). FE 114. This collection is estimated to take 12 minutes to complete, including galbring, preparing, and any depending upon the individual case. Any comments on the amount of time you require to complete, including the complete of the comp			
Under the Paperwork Reduction Act of 1995, no persons are required to	respond to a collection of information unless it displays a valid OMB control number.			

NO	\$1510	\$300	\$0	\$1810	01/29/2009	
EXAMINER		CLASS-SUBCLASS]			
ION	2886	356-239100				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.353). Change of correspondence address (or Change of Correspondence Address form "FTOSB122) attached. "Fee Address" indication (or "Fee Address" Indication form PTOSB147, Rev 03-02 or more recent) attached. Use of a Customer Number is required.		2. For printing on the patent front page, list (3) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		eys Cra 2	RatnerPrestia 2 3	
	HON ddress or indicat ce address (or C attached.	ART UNIT ION 2886 ddress or indication of "Fee Address" (37 ce address (or Change of Correspondence attached.	ART UNIT CLASS-SUBCLASS ION 2886 356-239100 ddress or indication of "Fee Address" (37 ea address (or Change of Correspondence (or "Fee Address" Indication form (or "Fee Address" Indication for (or "Fee Address" Indicat	ART UNIT CLASS SUBCLASS 10N 2886 356-29100 diress or indication of "Fee Address" (37 ce address (or Change of Correspondence (or "Fee Address" Indication form (or "Fee Address" Indication for "Fee Address" Indicatio	ART UNIT CLASS-SUBCLASS ION 2886 356-239100 Sidness or indication of "Fee Address" (37 ce address (or Change of Correspondence attached. (or Fee Address' Indication form (27) the name of a single firm (having as a member a correspondence of the Correspondence of	

FIRST NAMED INVENTOR

Atenehi Miyake

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

TITLI; OF INVENTION: DEVICE AND METHOD FOR EVALUATING OPTICAL DISTORTION OF TRANSPARENT PLATE BODY

ISSUE FEE DUE

KDE Corporation

Osaka, Japan